



DEPARTMENT	LOCATION / STREET ADDRESS	
DIVISION (IF APPLICABLE)	CITY, STATE, AND ZIP	
NAME OF PERSON PROVIDING INFORMATION	(760) TELEPHONE NUMBER	(760) FAX NUMBER
TITLE	EMAIL	

1. FUNCTION DESCRIPTION

Please briefly explain the mission of your department/division.

2. SERVICES AND/OR FUNCTIONS PROVIDED

Please indicate the extent to which the services and/or functions in your department/division require the following.

	FREQUENT/ EXTENSIVE	MODERATE	MINIMAL	NONE				
Face-To-Face Interaction With Other Depts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Face-To-Face Interaction With The Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Please estimate the total number of people who come in contact with your office each day.</td> <td style="width: 30%;"></td> </tr> <tr> <td>What is the largest number of visitors at one time?</td> <td></td> </tr> </table>	Please estimate the total number of people who come in contact with your office each day.		What is the largest number of visitors at one time?					
Please estimate the total number of people who come in contact with your office each day.								
What is the largest number of visitors at one time?								
Paper/Document Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Paper Storage/File Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Electronic Information Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Voice/Telephone Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

3. REASON(S) FOR CURRENT LOCATION OF YOUR OPERATION (Please check all that apply.)

<input type="checkbox"/> Need for proximity to neighboring dept(s)/div(s)/unit(s)/ function(s). (Please specify below.) <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Need for proximity to community agencies/groups. (Please specify below.) <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Easy public access <input type="checkbox"/> Current location meets space requirement <input type="checkbox"/> Long-term location; relocation not considered <input type="checkbox"/> Remotely located; independent operation <input type="checkbox"/> No particular reason for current location <input type="checkbox"/> Other (Please specify below.) <hr/>
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4. CURRENT SPACE OCCUPANTS

Please indicate the following for all people who physically occupy space in your department/division. This may/may not represent total numbers of staff.	# OF STAFF	# OF PRIVATE OFFICES OCCUPIED BY THEM	# OF OTHER WORK SPACES USED BY THEM (cubicles, etc.)	COMMENT(S)
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Dept./Division Staff (Permanent/FTE)

Administrative				
Professional				
Technical/Support				
Clerical/Other				
Line/Field				
Dept./Div. Staff Located in Other Area(s)				

Non- Dept./Div. Staff Located in Your Area

Staff from Other Departments				
Volunteers				
Summer Interns				
Seasonal/Temporary Employees				

5. HISTORICAL AND ANTICIPATED STAFF

The numbers shown in this section should represent the total numbers of department/division staff and should NOT be limited to individuals who occupy space.

Please indicate the **current (January 2009) number of full-time equivalent staff (FTE's)** in your department/division by personnel category. For future years, **provide your best estimate** of the number of personnel you will need by personnel category.

	CATEGORIES	2009	2015	2020	2025	2030
DIVISION'S ESTIMATED FUTURE NEED	Administrative					
	Professional					
	Technical/Support					
	Clerical/Other					
	Line/Field					
	TOTALS					

From the list below, please indicate the factors that you feel will have the greatest impact on personnel growth (or reduction) in your department/division over the next 20 years. Please identify any other significant factors that are not included in the list provided.

☐ Growth in population

☐ Other (specify below):

☐ Legislation

☐ Changes in operational procedures or workload

☐ Federal/State/Local funding

☐ Use of technology

6. INTERACTION WITH OTHER DEPARTMENTS AND/OR DIVISIONS

For each department/division listed, please indicate by check mark the level and frequency of interaction with your department/division and whether any of the identified resources are shared with each

DEPARTMENTS/DIVISIONS/ UNITS	HOW DOES YOUR DEPARTMENT/DIVISION/UNIT/FUNCTION INTERACT WITH OTHER DEPARTMENTS AND HOW OFTEN?											WHAT TYPE OF RESOURCES DOES YOUR DEPARTMENT SHARE WITH OTHER DEPARTMENTS?		
	FACE-TO-FACE				ELEC-TRONIC		VOICE		PAPER		NO INTERACTION	PEOPLE	SPACE	EQUIP.
	DAILY	AT LEAST ONCE/WEEK	AT LEAST ONCE/MONTH	OCCASIONAL/ NONE	FREQUENT	INFREQUENT	FREQUENT	INFREQUENT	FREQUENT	INFREQUENT				
1 Assessor														
2 Board of Supervisors														
3 Career Services Center														
4 Child Support Services														
5 Clerk Recorder														
6 Community Development														
7 Building Division														
8 Compliance Division														
9 Planning Division														
10 Commissions & Committees														
11 County Administrative Officer														
12 County Counsel														
13 District Attorney														
14 Elections														
15 Economic Dev. & Special Projects														
16 Finance Department														
17 Auditor - Controller														
18 Treasurer – Tax Collector														
19 Fire Rescue														
20 Health Department														
21 Animal control														
22 Environmental Health														
23 Public Health														
24 Human Resources														
25 June Lake Coalition														
26 Mono County Tourism Commission														
27 Probation														
28 Sheriff-Coroner														
29 Social Services														
30 (Other)														

DEPARTMENTS/DIVISIONS/ UNITS	HOW DOES YOUR DEPARTMENT/DIVISION/UNIT/FUNCTION INTERACT WITH OTHER DEPARTMENTS AND HOW OFTEN?											WHAT TYPE OF RESOURCES DOES YOUR DEPARTMENT SHARE WITH OTHER DEPARTMENTS?		
	FACE-TO-FACE				ELEC-TRONIC		VOICE		PAPER		NO INTERACTION	PEOPLE	SPACE	EQUIP.
	DAILY	AT LEAST ONCE/WEEK	AT LEAST ONCE/MONTH	OCCASIONAL/ NONE	FREQUENT	INFREQUENT	FREQUENT	INFREQUENT	FREQUENT	INFREQUENT				
31 (Other)														
32 (Other)														
33 (Other)														
34 (Other)														
35 (Other)														
36 (Other)														
37 (Other)														
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63 (Other)														
64 (Other)														

Please offer any additional comments that you feel are important regarding your functional and space requirements.

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

■ If available, please provide a drawing or sketch of space currently occupied by your department/division (a copy of evacuation plans will suffice).